

## 5.1 NC ESG Minimum Habitability Standards for Emergency Shelters

The Emergency Solutions Grants (ESG) Program Interim Rule establishes habitability standards for Emergency Shelter activities. This checklist has been developed to assist Emergency Shelters assess the habitability of facilities receiving ESG Operations or Shelter assistance.

**Instructions:** Place a check mark in the correct column to indicate whether the property is approved or deficient with respect to each standard. A copy of this checklist should be placed in the shelter's files.

Approved	Deficient	<b>Standard</b> <i>(24 CFR part 576.403(b))</i>
		<p>1. <i>Structure and materials:</i></p> <ul style="list-style-type: none"> <li>a. The shelter building is structurally sound to protect the residents from the elements and not pose any threat to the health and safety of the residents.</li> <li>b. Any renovation (including major rehabilitation and conversion) carried out with ESG assistance uses Energy Star and WaterSense products and appliances.</li> </ul>
		<p>2. <i>Access.</i> Where applicable, the shelter is accessible in accordance with:</p> <ul style="list-style-type: none"> <li>a. Section 504 of the Rehabilitation Act (29 U.S.C. 794) and implementing regulations at 24 CFR part 8;</li> <li>b. The Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 CFR part 100; and</li> <li>c. Title II of the Americans with Disabilities Act (42 U.S.C. 12131 et seq.) and 28 CFR part 35.</li> </ul>
		<p>3. <i>Space and security:</i> Except where the shelter is intended for day use only, the shelter provides each program participant in the shelter with an acceptable place to sleep and adequate space and security for themselves and their belongings.</p>
		<p>4. <i>Interior air quality:</i> Each room or space within the shelter has a natural or mechanical means of ventilation. The interior air is free of pollutants at a level that might threaten or harm the health of residents.</p>
		<p>5. <i>Water Supply:</i> The shelter's water supply is free of contamination.</p>
		<p>6. <i>Sanitary Facilities:</i> Each program participant in the shelter has access to sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.</p>
		<p>7. <i>Thermal environment:</i> The shelter has any necessary heating/cooling facilities in proper operating condition.</p>
		<p>8. <i>Illumination and electricity:</i></p> <ul style="list-style-type: none"> <li>a. The shelter has adequate natural or artificial illumination to permit normal indoor activities and support health and safety.</li> <li>b. There are sufficient electrical sources to permit the safe use of electrical appliances in the shelter.</li> </ul>
		<p>9. <i>Food preparation:</i> Food preparation areas, if any, contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.</p>
		<p>10. <i>Sanitary conditions:</i> The shelter is maintained in a sanitary condition.</p>
		<p>11. <i>Fire safety:</i></p> <ul style="list-style-type: none"> <li>a. There is at least one working smoke detector in each occupied unit of the shelter. Where possible, smoke detectors are located near sleeping areas.</li> <li>b. All public areas of the shelter have at least one working smoke detector.</li> <li>c. The fire alarm system is designed for hearing-impaired residents.</li> <li>d. There is a second means of exiting the building in the event of fire or other emergency.</li> </ul>
		<p>12. If ESG funds were used for renovation or conversion, the shelter meets state or local government safety and sanitation standards, as applicable.</p>
		<p>13. Meets additional recipient/subrecipient standards (if any).</p>

## CERTIFICATION STATEMENT

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

- Property meets all of the above standards.
- Property does not meet all of the above standards.

**COMMENTS:**

ESG Recipient Name: \_\_\_\_\_

ESG Subrecipient Name (if applicable): \_\_\_\_\_

Emergency Shelter Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date of review: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Approving Official Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Approving Official Name (if applicable): \_\_\_\_\_